



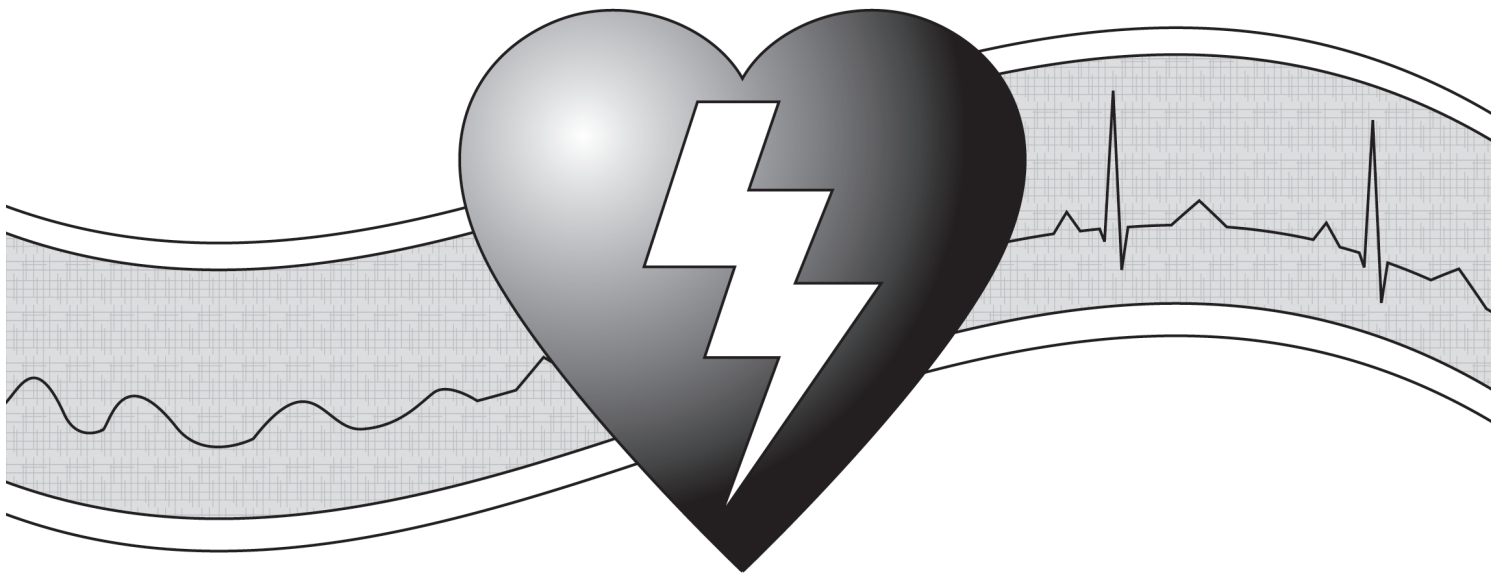
STATE OF MARYLAND

Maryland Institute for Emergency Medical Services Systems
653 West Pratt Street Baltimore, Maryland 21201-1536

Maryland Public Access

AED

Automated External Defibrillator



Program

“A Vital Link in the Chain of Survival”

TABLE OF CONTENTS

1. Forward Letter from the Office of the State EMS Medical Director

2. Introduction Page 1

3. Program Requirements

| | |
|------------------------------|---|
| AED Coordinator | 1 |
| Training | 1 |
| AED Placement | 2 |
| Registration | 2 |
| Links to 911 | 2 |
| Equipment and Maintenance | 2 |
| Required Equipment | 2 |
| Reporting | 2 |
| Compliance | 3 |
| Application Process | 3 |
| Instructions for Application | 3 |

4. AED Protocol 4

5. Appendices

- A. Application Forms
- B. Overview of Maryland EMS System



State of Maryland

Maryland
Institute for
Emergency Medical
Services Systems

653 West Pratt Street
Baltimore, Maryland
21201-1536

Martin O'Malley
Governor

Donald L. DeVries, Jr., Esq.
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Emergency Medical
Services Board

Robert R. Bass, MD
Executive Director
410-706-5074
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TO: Maryland Facility AED Program Applicants

FROM: Richard L. Alcorta, MD, FACEP
State EMS Medical Director
MIEMSS

RE: Maryland Public Access Automated External Defibrillator
(AED) Program

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) is pleased your organization has decided to become an integral part of the Maryland Emergency Medical Services (EMS) System. Maryland's EMS system is a cooperative, multidisciplinary, consensus-based program of integrated resources, agencies, hospitals, and dedicated individuals such as you.

Each year in the United States an estimated 250,000-400,000 people suffer from sudden cardiac arrest. Ventricular Fibrillation is the most common cause of death from sudden cardiac arrest and can be treated with early defibrillation that restores the heart to a normal rhythm.

MIEMSS has established requirements for the use of the AED at your organization. The enclosed information includes the requirements of the program and the application that must be submitted to MIEMSS prior to institution of an AED Program.

You are a vital link in the chain of survival by calling 911, starting bystander CPR, and providing early defibrillation, the major determinants of successful resuscitative attempts. Your prompt response combined with immediate access to EMS advanced life support personnel will optimize the victim's chances of survival and recovery. I thank you for your interest in the AED program and should you have any questions please do not hesitate to contact Ann McCaslin, AED Program Administrator at amccaslin@miemss.org or Lisa Myers, MIEMSS Office of Cardiac and Special Programs at lmyers@miemss.org.

Maryland Public Access AED Program Requirements

Introduction

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) is pleased to provide you with information about Maryland's Public Access Automated External Defibrillator (AED) Program. The Maryland Public Access AED Program permits a business, organization, association, etc., which meets certain requirements, to make automated external defibrillators (AEDs) available for individuals suffering sudden cardiac arrest on the business's premises. Examples include offices, government buildings, churches, schools, health clubs, pools, and golf courses, to name a few. These "entities" may establish an AED program at a single site or may include multiple sites under one program.

Specific requirements have been developed for entities that wish to set up an AED program in Maryland, including but not limited to registration with MIEMSS. A certificate issued by MIEMSS to a registered entity is effective for three years if compliance with the program requirements is maintained.

The enclosed information will provide you with a basic understanding of what is needed to implement an AED Program. To view the Public Access AED Program regulations, please go directly to the COMAR website at http://www.dsd.state.md.us/comar/title_search/searchTitle30.htm

Should any discrepancies exist between these materials and the text of regulations, the regulations are binding. Entities operating AEDs without a valid certificate of authorization or renewal are in violation of Maryland State law.

Program Requirements

The following is a list of the requirements that must be maintained in order to participate in the Maryland Public Access AED Program:

1. **AED Coordinator**: Each entity shall have a designated AED Program coordinator who is responsible for implementing and administering the program. Responsibilities include maintaining necessary records and documentation, providing information regarding the AED to all employees or volunteers at a facility, reporting suspected cardiac arrest and/or use of the AED to MIEMSS, facilitating MIEMSS required monthly inspection and any manufacturer recommended maintenance, and other associated program tasks for all sites associated with a registered Public Access AED Program.
2. **Training***: Entities wishing to participate in the Public Access AED Program shall have the AED Coordinator as well as individuals who are expected to operate the AED complete CPR and AED training and subsequent refresher training in accordance with their training course requirements that at a minimum includes content consistent with the recommendations for layperson CPR and AED training in the most current publication of the American Heart Association Guidelines for CPR and Emergency Cardiovascular Care.

(*) Authorized facilities with multiple sites must ensure that each site meets the requirement noted.

3. **AED Placement**: AEDs shall be placed in locations which are visible and readily accessible to any person willing to operate the AED in the event of a suspected cardiac arrest. AEDs should never be kept locked or restricted from use by anyone on the premises. Signage indicating the location of the AED(s) on the premises is also recommended.
4. **Registration***: Entities that wish to participate in the Public Access AED Program must submit the application located in appendix A of this packet to MIEMSS. MIEMSS will notify the closest jurisdictional emergency medical services (EMS) operational program and 911 center of all AED sites registered with MIEMSS.
5. **Links to 911***: It is essential to notify “9-1-1” *immediately* when a sudden cardiac arrest occurs at an AED site. Therefore each AED site must have an effective means of communicating with “9-1-1,” ideally a telephone. In situations when no telephone is available, another means of immediate notification to “9-1-1” should be available, e.g., a two-way radio contacting the facility’s switchboard operator who dials “9-1-1.”
6. **Equipment and Maintenance***: Because most reported AED malfunctions result from failure to perform user-based maintenance of the AED, it is required that entities adhere to the AED manufacturer’s guidelines for maintenance, inspection, and repair of AEDs. This includes monthly inspection of the AED and associated equipment, restocking of equipment as needed, replacement/ of batteries and electrodes as needed, and other necessary procedures. It is required that this equipment list be kept with each AED monthly inspection record (located in appendix A).

Required Equipment (Keep with AED at All Times)

- 2 sets of defibrillator chest pads (electrodes). It is strongly recommended that facilities with children under the age of 8 years include pediatric electrodes as well as adult pads.
- Disposable gloves
- 1 extra battery set, if the AED uses replaceable batteries other than long life lithium batteries.
- Cables (if your AED has removable cables)
- Maryland Public Access AED Report Forms for Cardiac Arrests (located in Appendix A of this packet and on the MIEMSS webpage).
- A ready-to-use AED should be kept in an unlocked case with no visible signs of damage that would interfere with its use.

7. **Reporting***: If there is a suspected cardiac arrest at a location that is registered in the Maryland Public Access AED Program, the Maryland Public Access AED Report form for Cardiac Arrests and if possible the AED event download summary should be completed and faxed to MIEMSS as soon as possible but not longer

(*) Entities with multiple sites must ensure that each site meets the requirement noted.

than 48 hours following the incident, **even if the AED was not used**. The form and instructions for completion are located in Appendix A. Forms may also be accessed from the MIEMSS webpage at www.miemss.org.

AED Malfunction: If there is a suspected malfunction of the AED a report must be filed with the FDA and a copy of the report must be sent to MIEMSS. Information on device malfunction reporting may be found at the following FDA website: <http://www.fda.gov/Safety/MedWatch/HowToReport/ucm053074.htm>

8. **Compliance***: Entities participating in the AED Program are expected to maintain all Program requirements. MIEMSS may perform a compliance review upon information that an entity has failed to comply with Program requirements. Therefore, it is essential that records are efficiently maintained on MIEMSS forms (included in Appendix A) and are immediately available should inspection become necessary.
9. **Application Process***: Entities that wish to participate in the Maryland Public Access AED Program must complete the enclosed application (included in Appendix A), and return it to MIEMSS. Instructions for the application process are included below. MIEMSS may perform inspection of any sites, equipment, and records to determine that Program applicants meet the AED Program requirements. AED Program applicants meeting the Program requirements will be approved by the EMS Board for a period of 3 years. Applicants not meeting the requirements will be denied and will be given a written explanation stating the reason for denial. Applicants that have been denied may re-apply, or may file an appeal within 20 days of receipt of the EMS Board's decision stating the reason that the Board should reconsider its decision. Applicants filing an appeal will be granted a hearing before the EMS Board or the Office of Administrative Hearings.
10. **Instructions for AED Program Application Process**: Please fully complete and submit the enclosed application according to the AED application instructions in Appendix A by mail, email, or fax to:

Ann McCaslin

Program Administrator, MIEMSS AED Program

301 Bay Street, Suite 306

Easton, MD 21601

Phone 410-822-1799

Fax: 410-822-0861

Email: amccaslin@miemss.org

Incomplete applications will not be processed until all information has been submitted.

(*) Entities with multiple sites must ensure that each site meets the requirement noted.

Maryland Public Access AED Protocol

All personnel expected to operate an AED at a registered facility shall utilize the AED in accordance with their training. When an individual's training conflicts with the auditory and visual prompts of the device, the individual shall follow the auditory and visual prompts.

APPENDIX A

Enclosed Forms

The following forms are included in appendix A of this packet and may be copied for use when implementing an AED program:

- Application for participation in AED Program (return to MIEMSS)
- Application Form Instructions
- List of AED Site Location Types
- Multiple AED site form (facilities with more than one AED site, complete and return to MIEMSS)
- MIEMSS Maryland Facility AED Report form and Instructions for completion (return **a copy** to MIEMSS by fax to 410-706-4366 for each suspected cardiac arrest incident)
- AED monthly safety inspection record

Additional forms may be downloaded at www.miemss.org



STATE OF MARYLAND

MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS
653 West Pratt Street • Baltimore, Maryland 21201 – 1536 • (410) 822-1799

APPLICATION FOR PARTICIPATION IN MARYLAND PUBLIC ACCESS AED PROGRAM

Please check one: ☐ New Application ☐ Renewal Application

Name of Primary Site: _____

Primary Site Address: _____

County: _____ Number of AEDs: _____

Number of Sites: _____ (please complete multiple site form for more than 1 site)

AED Site Location Type(s): _____

Number of Individuals Currently Trained in CPR/AED Use: _____

Total Anticipated Number of Individuals to be Trained in CPR/AED Use: _____

AED Coordinator: _____ Phone: (_____) _____ - _____
(Name) (Title)

AED Coordinator Address: _____
(If different than Primary Site Address)

AED Coordinator Email _____

Coordinator's AED Training Program: _____ Date Completed: ____/____/____

Describe AED Make, Model, and Year: _____

Are there any unusual hazards at your facility? ☐ Yes ☐ No

If "Yes", please check all that apply:

☐ Combustible Materials ☐ Wet Surfaces ☐ Metal Surfaces ☐ Other

Describe AED safety measures developed for any hazards: (please use additional pages as needed)

Your signature on this application represents the commitment by your facility to follow MIEMSS Maryland Public Access AED Protocol, developed to provide maximum safety to all individuals concerned in the event of a cardiac emergency, and to the best of your knowledge, assures that all information in this AED application packet is true. Please return completed application to Ann McCaslin, MIEMSS, 301 Bay Street, Suite 306, Easton, MD 21601; Fax: 410-822-0861.

AED Coordinator: _____ Date: ____/____/____
(Signature)

For MIEMSS use Only

Application Approved/Denied/Renewed (circle one) by EMS Board Date: ____/____/____ Cert. # _____

MIEMSS Reviewer _____ Date: ____/____/____

AED Application Instructions

Please complete the application as well as the multiple sites form if applicable. Incomplete applications cannot be processed and will be returned to the applicant.

- 1. Please indicate whether you are submitting a new or renewal application.**
- 2. Name of primary site** or location where AED will be located. Please indicate the total number of sites and complete the multiple sites form if there will be more than one site address where AEDs will be located.
- 3. County.** Indicate the county of the primary site. If multiple sites will be included, indicate the county of each site address on the multiple sites form.
- 4. Number of AEDs.** Indicate the number of AEDs that will be located at the primary site. If multiple sites will be included, indicate the number of AEDs per site on the multiple site form.
- 5. AED location type.** From the list of AED Site Location Types, please list the location type for the primary site. Please choose as many location types as apply. If multiple sites will be included, indicate the location type of each site address on the multiple sites form.
- 6. Number of individuals trained in CPR/AED.** Please list the number of individuals that are trained in CPR/AED at each site. Use the multiple sites form if needed.
- 7. Anticipated number of individuals to be trained.** Please list the number of additional individuals if any, the organization plans to train after the application submission.
- 8. AED coordinator.** Please list the name of the individual that will be responsible for the AED Program. The AED coordinator is the person who will receive the program approval notification and certificate and all other communications and notifications from MIEMSS. Please include the mailing address for the AED coordinator if different from the primary site address as well as the current telephone number with extension if applicable and email address.
- 9. AED Coordinator Training Program:** Please list the name of the CPR/AED Training Course and most current date of completion for the AED Coordinator.
- 10. AED type.** Please list the make, model, and year of the AED purchased.
- 11. Hazards.** Please list any hazards that may exist at your facility and precautions in place to address them.
- 12. Signature.** The AED coordinator must sign and date the application. Applications that are not signed and dated or are incomplete will be returned.
- 13. Submission of forms.** Mail, email, or fax the application and multiple sites form if applicable to Ann McCaslin, MIEMSS Region IV Office, 301 Bay Street # 306, Easton, MD 21601; Amccaslin@miemss.org; Fax: 410-822-0861. Application processing and approval takes approximately 2-4 weeks.

AED Site Location Type

Residential

Senior Living Housing
Other

Transportation Related

Airport – BWI
Airport – Other
Bus Station
Train Station
Street / Highway
Public Transportation
Other

Building

Government Admin. Building
Public Building (non – Gov't)
Industrial Place and Premises
Restaurant / Bar
School / Educational Facility
Church
Hotel / Motel
Retail Stores (enclosed mall)
Retail Store (not in enclosed mall)
Jail / Correctional Facility
Convention Center
Courthouse
Adult Day Care
Other

Recreation

Stadium
Racecourse / Racetrack
Amusement Park
Theatre / Cinema
Health Club
Golf Course
Public Beach
Park
Museum
Community Pool
Recreation Center
Camp
Other

Medical Facilities

Rehab Facility (outpatient)
Physician or Dentist Office
Dialysis Center
Urgent Care Facility
Other

Mobile Units

Law Enforcement Officer Vehicles
Emergency Roadside Assistance
Other

Multiple AED Sites

1. Name of Site _____

Address _____

City _____ **State** _____ **Zip Code** _____

County *(if different than main facility)* _____

Telephone (area code) + Number _____

of Individuals Trained _____

of AEDs _____ **Location Type** _____

2. Name of Site _____

Address _____

City _____ **State** _____ **Zip Code** _____

County *(if different than main facility)* _____

Telephone (area code) + Number _____

of AEDs _____ **Location Type** _____

of Individuals Trained _____

3. Name of Site _____

Address _____

City _____ **State** _____ **Zip Code** _____

County *(if different than main facility)* _____

Telephone (area code) + Number _____

of AEDs _____ **Location Type** _____

of Individuals Trained _____

Facilities with an AED at more than one site must provide the above information for all sites.

CONFIDENTIAL

For Official Use Only

M-CAPD # _____
Facility CA Form # _____
MAIS Form # _____

MARYLAND FACILITY AED REPORT FORM FOR CARDIAC ARRESTS

To be completed immediately after a cardiac arrest occurs at your facility or the facility AED is put on a patient
Form should be filled out by the main caregiver at the scene & the Facility AED Operator and returned to MIEMSS **within 48 hours**

Please Return Completed Form with your AED Summary Report and copy of FDA Incident Form (if applicable) to:

Maryland Institute for Emergency Medical Services Systems (MIEMSS)

653 West Pratt Street Baltimore MD 21201 Attention: Epidemiology / M-CAPD Study

Fax: (410) 706-4366

1. Facility Name: _____

2. Incident Location: _____
Street address

City State ZipCode County

3. Date of Incident: ____/____/____
Mo. Day Yr.

4. Estimated Time of **Incident**: ____:____ a.m. /p.m. 4a. Estimated Time that **911 Call** was placed: ____:____ a.m. / p.m.
Hr. Min. Hr. Min.

5. Name of Patient: _____
First Middle Last

6. Patient Gender: Male[] Female[] 7. Estimated Age of Patient: _____ Yrs.

8. Did the patient collapse (become unresponsive, i.e., no breathing, no coughing, no movement)? Yes[] No[]

8a. If Yes, what were the Events immediately prior to the collapse (check all that apply):

Difficulty Breathing [] Chest Pain [] No Signs or Symptoms[] Drowning []
Electrical Shock [] Injury [] Unknown []

8b. Was someone present to see the person collapse? Yes[] No[]

If yes, was that person a trained AED Employee? Yes[] No[]

8c. After the collapse, at the time of Patient Assessment and just prior to the Facility AED pads being applied,

Were there signs of circulation (breathing, coughing, movement)? Yes[] No[]
Was pulse checked? Yes[] No[]
If yes, did the person have a pulse? Yes[] No[]

9. Was CPR given prior to 911 EMS arrival? Yes[] Go to #9a No[] Go to #10

9a. Estimated time CPR Started: ____:____ a.m. / p.m.
Hr. Min.

9b. Was CPR started prior to the Arrival of a Trained AED Employee? Yes[] No[]

9c. Who *Started* CPR? Bystander[] Trained AED Employee[]

10. Was a Facility AED brought to the patient's side prior to 911 EMS arrival? Yes[] No[]

10a. If No, Briefly describe why and skip to question 17: _____
10b. If Yes, Estimated Time (based on your watch) Facility AED at patient's side: ____:____ a.m. /p.m.
Hr. Min.

TURN OVER and COMPLETE BOTH SIDES

CONFIDENTIAL

11. Were the Facility AED Pads put on the patient? Yes[] No[]

11a. If Yes, Was the person who put the AED pads on the patient a:

Trained AED Facility Employee[] Untrained AED Facility Employee[] Bystander[]

12. Was the Facility AED turned on? Yes[] No[]

12a. If Yes, Estimated Time (based on your watch) Facility AED was turned on: ____:____ a.m. /p.m.
Hr. Min.

13. Did the Facility AED ever shock the patient? Yes[] No[]

If Yes,

13a. Estimated time (based on your watch) of 1st shock by facility AED: ____:____ a.m. / p.m.
Hr. Min.

13b. If shocks were given, how many shocks were delivered prior to the EMS ambulance arrival? # ____

14. Name of Person operating the Facility AED: _____

First

Middle

Last

14a. Is this person a trained AED employee? Yes[] No[]

14b. Highest level of medical training of person administering the Facility AED:

Public AED Trained []

First Responder AED Trained []

EMT-B []

CRT/EMT-P []

Nurse/Physician []

Other Health Care Provider []

No Known Training []

15. Was there any mechanical difficulty or failure associated with the use of the Facility AED? Yes[] No[]

15a. If Yes, Briefly explain and attach a copy of the completed FDA reporting form (required by Federal law).

16. Were there any unexpected events or injuries that occurred during the use of the Facility AED? Yes[] No[]

16a. If yes, Briefly explain: _____

17. Indicate the patient's status at the time of the 911 EMS arrival:

Hr. Min.

17a. Pulse restored: Yes [] No [] Don't Know [] If Yes, Time Pulse Restored: ____:____

17b. Breathing restored: Yes [] No [] Don't Know [] If Yes, Time Breathing Restored: ____:____

17c. Responsiveness restored: Yes [] No [] Don't Know [] If Yes, Time Patient Responsive: ____:____

17d. Signs of circulation: Yes [] No [] Don't Know [] If Yes, Time Circulation Returned: ____:____

18. Was the patient transported to the hospital? Yes[] No[]

18a. If Yes, How was the patient transported? EMS Ambulance[] Private Vehicle[] Other _____

Report Completed by: _____

Please Print Name

Date

Signature

Date

Title

Office Phone

Make/Model of the Facility AED that was used? _____

Manufacturer Make

Model #

Was a Rural Health Grant funded AED used at the scene? (i.e., Was there a MR-AED sticker on the AED?) Yes [] No []

If yes, by whom? Police Mobile Unit[] Emergency Roadside Assist [] Public Access Facility []

**RETURN TO MIEMSS WITHIN 48 HOURS FOLLOWING INCIDENT: FAX (410) 706-4366
QUESTIONS? CONTACT MIEMSS Office of Special Programs at PHONE: (410) 706-4740**

Facility Name _____

Maryland Facility AED Report Form for Cardiac Arrests

All facilities registering with MIEMSS for Public AED use will be required to fill out a Facility AED Report Form when:

1. A suspected Cardiac Arrest occurs at your facility whether or not the AED was applied; OR
2. Any time the Facility AED pads are put on a person (regardless of the person's medical condition).
This includes the use of a Facility AED for any reason by either an authorized employee or an unauthorized person.

WHEN DOES THE REPORT NOT NEED TO BE FILLED OUT?

The report does not need to be filled out for non-cardiac related false alarms when the AED is retrieved but the pads are not applied. (Example: A customer feels ill and the AED is brought to the patient's side. The caregiver at the scene does not put the AED pads on the patient because the patient is not suspected of having a cardiac arrest.)

WHO SHOULD FILL OUT THE REPORT?

The report form should be filled out immediately after an incident occurs at your facility ***by the main Facility Caregiver at the scene and the Facility AED Operator*** (if a different person). The main Facility Caregiver at the scene is defined as the facility employee who begins the resuscitation process prior to the Facility AED operator arriving. In some circumstances, the Facility Caregiver and the Facility AED Operator may be the same person. If the person initiating resuscitation is not a facility employee, then the Facility AED Operator should be the person who fills out the form. The facility is not responsible for tracking down bystanders who are active in the resuscitation process. However, the report form should accurately reflect that a bystander and not a facility employee initiated the CPR process. The Facility AED Coordinator should review the report and help clarify any questions that the caregiver may have concerning the report.

WHAT IS THE TIME FRAME FOR FILLING OUT THE REPORT & SENDING IT BACK TO MIEMSS?

The report should be ***filled out immediately following the incident*** so that the information is still fresh in the mind of the main Facility Caregiver and the Facility AED Operator. If the caregiver has questions about the form, he/she will have 48 hours to consult with the Facility's AED Coordinator. The AED Coordinator is responsible for seeing that the report is ***returned to MIEMSS within 48 hours following the incident.***

WHO WILL SEE THIS REPORT?

This is a confidential report. The AED Coordinator should keep the original copy on file at the facility and a copy should be sent to MIEMSS for quality control purposes. ***It will be viewed only by the main Facility Caregiver at the incident, the Facility AED operator (if different from the main Facility Caregiver), the Facility AED Coordinator, and MIEMSS.*** MIEMSS will use the report for quality assurance and research purposes only.

WHAT IS THE RESPONSIBILITY OF THE FACILITY'S AED COORDINATOR REGARDING THE REPORT FORM?

1. The Facility AED Coordinator should answer any questions the main caregiver/AED operator has when filling out the form. Any further questions should be directed to MIEMSS Office of Special Programs (410) 706-4740.

2. The Facility AED Coordinator is responsible for seeing the form is fully completed. The AED Coordinator must return to MIEMSS within 48 hours of the incident:
 - A copy of the Facility AED Report Form,
 - A copy of the AED Summary Report (internal report generated from the facility AED) and
 - A copy of the FDA Incident Form (if applicable).
3. The Facility AED Coordinator is responsible for keeping on file at the facility: the original AED Report Form, a copy of the AED Summary Report and a copy of the FDA Incident Form (if applicable). Because these are confidential reports, the facility file should be in a secure room and locked.

WHERE DO I SEND THE MIEMSS REPORTS?

The forms can be returned to MIEMSS by either Fax or Express Mail.

MIEMSS Fax: (410) 706-4366 OR Express Mail to MIEMSS: 653 West Pratt Street
Baltimore MD 21201
Attention: Epidemiology / M-CAPD Study

AED Monthly Safety Inspection Record

AED Serial # _____

[illegible]

***Please complete a separate record for each AED.**

APPENDIX B

The Maryland EMS System

Maryland's Emergency Medical Services (EMS) System is coordinated by the Maryland Institute for Emergency Medical Services Systems (MIEMSS). The EMS system is comprised of educated career and volunteer fire and rescue personnel, as well as several levels of certified/licensed EMS providers. Basic life support care is provided by First Responders and Emergency Medical Technician-Basics, while Cardiac Rescue Technicians and Emergency Medical Technician-Paramedics provide advanced life support care. EMS is accessed by dialing 9-1-1, the universal link to multiple emergency resources across the state. Emergency Medical Dispatchers answer the 9-1-1 calls, medically prioritize them, and dispatch the appropriate fire, law enforcement and emergency medical units based on the medical needs identified. Upon arrival at the scene, the EMS provider initiates care based on the Maryland Medical Protocols for EMS Providers and then determines and transports the patient to the most appropriate hospital, trauma center, or specialty center based on the type and severity of the injury or illness and the incident location.

Maryland's EMS System is divided into five EMS regions across the state. Regional boundaries are based on geographic considerations and traditional EMS delivery areas (see attached map). The regions are further divided into jurisdictions (23 counties, Baltimore City, and Annapolis) addressing needs specific to the patients and providers in that area. Each region has a "regional" medical director, and each jurisdiction has a "jurisdictional" medical director responsible for medical oversight in his/her area. The MIEMSS regional administrators act as liaisons between MIEMSS and local EMS agencies, hospitals, and the community.

Through the cooperation of prehospital providers, jurisdictional authorities, hospital administrators and medical staff, MIEMSS, and government agencies, Maryland has one of the premier EMS systems in the world.

MARYLAND EMS REGIONS

